



## SHARP News

### Sexual Risk Assessment During Routine Outpatient Encounters

Regarding **health care providers**, a Gallop Organization poll commissioned by ASHA in 1995, found that over half of adults and over one-third of teens said their health care providers spend "no time at all" discussing STDs with them. Another Kaiser Family Foundation/*Glamour* survey conducted in 1997 found that STDs are rarely discussed during OB/GYN visits, and that providers may not be asking adequate risk-assessment questions (ASHA, 1999). This data is closely mirrored in other studies. For example, a study reported in the American Journal of Preventive Medicine (Tou, Irwin, and Kassler, 2000) revealed that only 28% of adults who had a routine check-up in the past year reported being asked about STDs during that visit. The survey measured topics which were asked by health care providers during routine check-ups.

<u>Topic</u>	<u>% of patients asked</u>
Smoking	58.7
Physical Exercise	52.3
Alcohol	49.3
Diet	43.8
Contraceptives (aged 18-50)	36.1
Illegal drugs	31.3
<b>STDs</b>	<b>27.9</b>

Another national survey of internal medicine specialists found that 40% reported routinely asking patients about STDs. Another survey among primary care physicians showed that, overall, only 49% asked. These data demonstrate that most providers don't ask patients about their sexual health, as recommended by the Institute of Medicine and US Preventive Task Force, and thus are missing opportunities to identify, diagnose and treat STDs and to identify and intervene in risky sexual behavior.

If this is typical of Navy primary care encounters, it is worth addressing, especially considering that sexually transmitted diseases and unplanned pregnancies may have a dramatic and acute impact on the health, readiness, and availability of active duty Sailors and Marines. In the case of other consequences, such as HIV infection, congenital syphilis, pelvic inflammatory disease, and unplanned pregnancy, sexual behavior may also have dramatic long-term health, personal, and financial consequences. Health care providers can and should speak with all their sexually active patients about their sexual health.

**Recommendations for STD counseling by health care providers – next page!!**

**Recommendations for STD counseling** by health care providers are given in a number of documents. An essential document is the *Guidelines for the Treatment of Sexually Transmitted Diseases* (CDC, 1998) which offers disease-specific prevention and partner management information, in addition to the current treatment protocols. Others include the *Clinicians Handbook of Preventive Services* (PHS, 1998) and the *Guide to Clinical Preventive Services* (US Preventive Service Task Force, 1996). These last two documents recommend that all adolescent and adult patients should be advised about risk factors for STDs and HIV infection and be counseled appropriately about reducing their risk. The assessment of risk should be based on a client-centered evaluation of sexual behavior and circumstances.

These documents include examples of questions a provider might ask to assess risk. Some examples of questions which can quickly reveal specific and general risk behaviors and can reveal important circumstances are given below. Notice that all of these questions (except the first) are open-ended:

#### **Suggested Questions for Assessing Sexual Risk Behavior**

*Are you currently, or recently, in a sexual relationship?*  
*How many people have you had sex within the last few weeks/months?*  
*Were these partners new, casual, regular?*  
*Have you ever traded sex for money or drugs?*  
*What do you think is the riskiest thing you're doing that places you at risk of getting HIV?*  
*What are your experiences with drugs / alcohol?*  
*How has your use of alcohol influenced your sexual behavior?*  
*What have you done to protect yourself from infection in the past?*  
*What do you think you could do to protect yourself in the future?*  
*What do you see as the advantages of doing [each safer goal behavior]?*  
*What do you see as the disadvantages of doing [each safer goal behavior]?*

SHARP offers two **courses** designed to help Navy medical professionals perform sexual risk assessments of client-centered counseling.

The SHARP 2-day course **Fundamentals of HIV/STD Prevention Counseling** is designed to improve the ability of providers to support individuals in making behavior changes that will reduce their risk of acquiring or transmitting HIV or sexually transmitted diseases. This course was developed by the CDC based upon results from *Project Respect*, a randomly controlled study, and demonstrated the effectiveness of client-centered messages in reducing HIV-risk behaviors and reducing STD reinfection rates. Continuing Education Credit is awarded. Requests for training can be coordinated with the SHARP staff.

The SHARP 1-hour lecture **Assessment of Sexual Risk in the Primary Care Setting** targets providers and demonstrates how an effective 3 minute intervention can be conducted. This intervention is also based on CDC-sponsored *Project Respect*, a model which has demonstrated a reduction in risk taking behavior and in STD reinfection rates. SHARP presents this lecture at Navy medical treatment facilities and other forums, as opportunity permits.

American Social Health Association, 1999. *STDs in America – How Many and at What Cost*, Research Triangle Park, NC, Dec 1999.

Public Health Service, 1998. *Clinicians Handbook of Preventive Services*, Department of Health and Human Services, Atlanta

Tou, Irwin, and Kassler, 2000. Missed Opportunities to Assess Sexually Transmitted Diseases in U.S. Adults During Routine Medical Checkups, *Am J of Prev Med* 2000;18(2):109-114

US Preventive Service Task Force, 1996. *Guide to Clinical Preventive Services*, 2<sup>nd</sup> ed., Baltimore: Williams & Wilkins, 1996